



DEPARTMENT OF ADMINISTRATIVE SERVICES

File #: _____

Office Use Only

REQUEST FOR ACCESSIBILITY EXEMPTION OF THE STATE BUILDING CODE

(Per C.G.S. Section 29-269 (b))

APPLICANT

- 1. Name: _____ 2. Company: _____
3. Telephone: _____ 4. Email: _____
5. Address: _____
6. Is the applicant also the owner? Yes No

SUBJECT PROPERTY

- 7. Name of building: _____
8. Address: _____
9. Owner: _____
10. Use group: _____ 11. Change of use: Yes No
12. Type of construction: _____ 13. Number of stories: _____
14. Area of building in square feet: _____
15. Check applicable designation: New Building Existing Building Addition Alteration Other (explain): _____
16. Date of approval of current building permit: _____

Continued...

Office of the State Building Inspector

Tel: 860-713-5900

EMAIL Application to: das.codemodifications@ct.gov OR Fax Application to: 860-920-3083

Affirmative Action/Equal Opportunity Employer

